



AGENCY OF HUMAN SERVICES
DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING
Division of Licensing and Protection

103 South Main Street, Ladd Hall
Waterbury VT 05671-2306
<http://www.dail.vermont.gov>
Voice/TTY (802) 241-2345
To Report Adult Abuse: (800) 564-1612
Fax (802) 241-2358

March 25, 2010

Dane Rank, Administrator
Thompson House Nursing Home
80 Maple Street
Brattleboro, VT 05302

Provider #: 475050

Dear Mr. Rank:

Enclosed is a copy of your acceptable plans of correction for the revisit survey conducted on **March 9, 2010**. Please post this document in a prominent place in your facility.

We will follow-up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,

A handwritten signature in cursive script that reads "Suzanne E. Leavitt RN, MS".

Suzanne Leavitt, RN, MS
Licensing Chief

Enclosure



DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/22/2010
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 475050	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R 03/09/2010
NAME OF PROVIDER OR SUPPLIER THOMPSON HOUSE NURSING HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 80 MAPLE STREET BRATTLEBORO, VT 05302		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
{F 000}	INITIAL COMMENTS	{F 000}			
{F 329} SS-D	<p>An unannounced onsite re-visit to the annual recertification survey was conducted by the Division of Licensing and Protection on 3/9/10.</p> <p>483.25(l) DRUG REGIMEN IS FREE FROM UNNECESSARY DRUGS</p> <p>Each resident's drug regimen must be free from unnecessary drugs. An unnecessary drug is any drug when used in excessive dose (including duplicate therapy); or for excessive duration; or without adequate monitoring; or without adequate indications for its use; or in the presence of adverse consequences which indicate the dose should be reduced or discontinued; or any combinations of the reasons above.</p> <p>Based on a comprehensive assessment of a resident, the facility must ensure that residents who have not used antipsychotic drugs are not given these drugs unless antipsychotic drug therapy is necessary to treat a specific condition as diagnosed and documented in the clinical record; and residents who use antipsychotic drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to assure 1 of 3 residents' drug regimen is free from unnecessary drugs (Resident #8). Findings include:</p>	{F 329}	<p>F 329</p> <p>Resident #1's medications were reviewed and clarified, to include route of administration, parameters for use, and indications for use. Duplicate medication order was corrected.</p> <p>MAR's (Medication Administration Records) were audited for all residents to ensure route of administration, parameters for use, indications for use, and appropriate orders are in place.</p> <p>Policies regarding Physician Orders were reviewed and updated as necessary.</p> <p>DNS/SDC will provide education to all nursing staff regarding Physician Orders policy.</p> <p>DNS or designee will audit 5 resident records each quarter to ensure that Physician orders are complete and accurate.</p> <p>Results will be reported at QA meetings. DNS to monitor for compliance. P.O.C. Accepted 3/24/10 Pamumootarw</p>	<p>3/9/10 3/9/10</p> <p>3/24/10</p> <p>3/26/10</p> <p>3/26/10</p> <p>3/26/10</p> <p>Ongoing</p> <p>Ongoing</p>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Administrator

3/23/10

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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(F 329)	Continued From page 1 Per record review on 3/9/10, Resident #1's drug regimen contains medications that have variable doses, as well as a duplicate medication order. Two of the following medications lacking adequate indications for use for this same resident were identified and cited during the annual recertification survey, completed on 1/7/10. The most recent physician orders for Resident #8, signed on 2/19/10, contained the following orders: 1. Morphine 15 mg tab 1-2 tabs (15-30 mg) by mouth every 4 hours as needed for severe pain. There were no indications for when to give 1 versus 2 tabs of the medication. Per review of the MAR (Medication Administration Record) for 2/10 and 3/10, both doses of Morphine were used since 2/11/10. 2. Benadryl 25 mg 1-2 caps (25-50 mg) by mouth every 6 hours as needed. There were no indications for use of the medication or for when to give 1 versus 2 tabs. 3. There were duplicate orders for Miralax 17 grams by mouth daily. Per review of the MAR for 2/10 and 3/10, the resident received one dose daily, but the duplicate order was not discontinued. During an interview on 3/9/10 at 1:32 PM, the DON (Director of Nursing) confirmed that the Morphine and Benadryl orders had not been corrected or clarified, and confirmed that there were duplicate orders for Miralax.	(F 329)			
(F 387) SS=D	Refer also to F520. 483.40(c)(1)-(2) FREQUENCY & TIMELINESS OF PHYSICIAN VISIT The resident must be seen by a physician at least once every 30 days for the first 90 days after:	(F 387)			

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{F 387}	<p>Continued From page 2 admission, and at least once every 60 days thereafter.</p> <p>A physician visit is considered timely if it occurs not later than 10 days after the date the visit was required.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to ensure that 2 of 3 residents (#25, #50) were seen by the physician at the required intervals after admission. Findings include:</p> <p>1. Per record review on 3/9/10, Resident #25 was not seen every 30 days for the first 90 days after admission to the facility on 11/12/09. Resident #25 was cited during the annual recertification survey, completed 1/7/10, for not receiving required physician visits. As part of the plan of correction, the resident was seen by the physician on 1/9/10. Since that visit on 1/9/10, there have been no further visits by the physician, making only 1 visit in the first 90 days of admission. Resident #25 would be due for a physician visit by 2/12/10. Per staff interview, the DNS verified on 3/9/10 at 1:05 that there was no evidence of a physician visit since 1/9/10.</p> <p>Refer also to F520.</p> <p>1. Per record review on 3/9/10, the last signed physician progress note for Resident #50 was dated 11/19/09. Physician orders for Resident #50 have not been signed since 11/18/09. Per staff interview, the DON verified, on 3/9/10 at 12:28 PM, that there was no evidence of a physician visit since 11/19/09.</p>	{F 387}	<p>F 387</p> <p>Resident #25 was seen by the Physician for required visit.</p> <p>Resident #50 was seen by the Physician for required visit.</p> <p>Resident #25 and 50's Physician's were provided a copy of the requirement for frequency of Physician Visits.</p> <p>Administrator met with Resident #25 and 50's Physicians to explain necessity of compliance with Federal Regulations in order to continue to follow residents in this facility.</p> <p>All resident records were reviewed to ensure timely Physician visits are completed.</p> <p>DNS or designee will audit 5 resident records each quarter to ensure that timely Physician visits are completed.</p> <p>Results will be reported at QA meetings. DNS to monitor for compliance.</p> <p><i>P.O.C Accepted 3/24/10 Pamela M. R. W.</i></p>	<p>3/19/10</p> <p>3/15/10</p> <p>3/15/10</p> <p>3/26/10</p> <p>3/26/10</p> <p>Ongoing</p> <p>Ongoing</p>	

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NAME OF PROVIDER OR SUPPLIER THOMPSON HOUSE NURSING HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 80 MAPLE STREET BRATTLEBORO, VT 05302		
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(F 428) SS=D	<p>483.60(c) DRUG REGIMEN REVIEW, REPORT IRREGULAR, ACT ON</p> <p>The drug regimen of each resident must be reviewed at least once a month by a licensed pharmacist.</p> <p>The pharmacist must report any irregularities to the attending physician, and the director of nursing, and these reports must be acted upon.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and interview, the consulting pharmacist failed to identify irregularities in the drug regimen of 1 of 4 residents (Resident #8). Findings include:</p> <p>Per record review on 3/9/10, the consulting pharmacist failed to identify that Resident #1's drug regimen contains a medication that has a variable dose, as well as a duplicate medication order. The most recent physician orders, signed on 2/19/10, contained the following orders:</p> <p>1. Morphine 15 mg tab 1-2 tabs (15-30 mg) by mouth every 4 hours as needed for severe pain. There were no indications for when to give 1 versus 2 tabs of the medication. Per review of the MAR (Medication Administration Record) for 2/10 and 3/10, both doses of Morphine were used since 2/11/10.</p> <p>2. There were duplicate orders for Miralax 17 grams by mouth daily. Per review of the MAR for 2/10 and 3/10, the resident received one dose daily, but the duplicate order was not discontinued.</p>	(F 428)	<p>F 428</p> <p>Resident #1's medications were reviewed and clarified, to include route of administration, parameters for use, and indications for use. Duplicate medication order was corrected.</p> <p>MAR's (Medication Administration Records) were audited for all residents to ensure route of administration, parameters for use, indications for use, and appropriate orders are in place.</p> <p>Administrator and Director of Nursing met with consulting Pharmacist to review statement of deficiencies, plan of correction, and importance of drug regimen reviews.</p> <p>All resident records were reviewed to ensure that pharmacist recommendations have been addressed as appropriate.</p> <p>DNS or designee will audit all Pharmacist recommendations monthly to ensure all have been addressed as appropriate.</p> <p>Results will be reported at QA meetings. DNS to monitor for compliance.</p> <p><i>P.O.C. Accepted 3/24/10</i> <i>Lamela M. RN</i></p>	<p>3/24/10</p> <p>3/9/10 3/24/10</p> <p>3/26/10</p> <p>3/26/10</p> <p>3/26/10</p> <p>Ongoing</p> <p>Ongoing</p>	

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{F 428}	Continued From page 4 Per review of the pharmacy consults since 11/09, the consultant pharmacist failed to identify and seek clarification of the variable dose for Morphine without indications, and failed to identify the duplication of the Miralax order. F 520 483.75(o)(1) QAA SS=D COMMITTEE-MEMBERS/MEET QUARTERLY/PLANS A facility must maintain a quality assessment and assurance committee consisting of the director of nursing services; a physician designated by the facility; and at least 3 other members of the facility's staff. The quality assessment and assurance committee meets at least quarterly to identify issues with respect to which quality assessment and assurance activities are necessary; and develops and implements appropriate plans of action to correct identified quality deficiencies. A State or the Secretary may not require disclosure of the records of such committee except insofar as such disclosure is related to the compliance of such committee with the requirements of this section. Good faith attempts by the committee to identify and correct quality deficiencies will not be used as a basis for sanctions. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to correct deficient practices as identified during the annual recertification survey.	{F 428}	See next page. F 329 F 520 Resident #1's medications were reviewed and clarified, to include route of administration, parameters for use, and indications for use. Duplicate medication order was corrected. MAR's (Medication Administration Records) were audited for all residents to ensure route of administration, parameters for use, indications for use, and appropriate orders are in place. Policies regarding Physician Orders were reviewed and updated as necessary. DNS/SDC will provide education to all nursing staff regarding Physician Orders policy. DNS or designee will audit 5 resident records each quarter to ensure that Physician orders are complete and accurate. Results will be reported at QA meetings. DNS to monitor for compliance.	3/9/10 3/24/10 3/26/10 3/26/10 Ongoing Ongoing	

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F 520	<p>Continued From page 5</p> <p>completed 1/7/10, for 2 applicable residents (Resident #1, #25). Findings include:</p> <p>1. Per record review on 3/9/10, Resident #1's drug regimen contains medications that have variable doses, as well as a duplicate medication order. Two of the following medications lacking adequate indications for use for this same resident were identified and cited during the annual recertification survey, completed on 1/7/10. The most recent physician orders, signed on 2/19/10, contained the following orders:</p> <p>a. Morphine 15 mg tab 1-2 tabs (15-30 mg) by mouth every 4 hours as needed for severe pain. There were no indications for when to give 1 versus 2 tabs of the medication. Per review of the MAR (Medication Administration Record) for 2/10 and 3/10, both doses of Morphine were used since 2/11/10.</p> <p>b. Benadryl 25 mg 1-2 caps (25-50 mg) by mouth every 6 hours as needed. There were no indications for use of the medication or for when to give 1 versus 2 tabs.</p> <p>c. There were duplicate orders for Miralax 17 grams by mouth daily. Per review of the MAR for 2/10 and 3/10, the resident received one dose daily, but the duplicate order was not discontinued.</p> <p>During an interview on 3/9/10 at 1:32 PM, the DON (Director of Nursing) confirmed that the Morphine and Benadryl orders had not been corrected or clarified, and confirmed that there were duplicate orders for Miralax.</p> <p>2. Per record review on 3/9/10, Resident #25 was not seen every 30 days for the first 90 days after admission to the facility on 11/12/08. Resident #25 was cited during the annual recertification survey, completed 1/7/10, for not receiving</p>	F 520	<p>F 520</p> <p>The results of the Plan of Correction compliance and audits will be discussed weekly by the Administrator and the Director of Nursing.</p> <p>Results will be reported at QA meetings. DNS to monitor for compliance.</p> <p><i>P.D.C. Accepted 3/24/10 Lamela Mota RN</i></p>	Ongoing	3/26/10
				Ongoing	

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F 520	Continued From page 6 required physician visits. As part of the plan of correction, the resident was seen by the physician on 1/9/10. Since that visit on 1/9/10, there have been no further visits by the physician, making only 1 visit in the first 90 days of admission. Resident #25 would be due for a physician visit by 2/12/10. Per staff interview, the DNS verified on 3/9/10 at 1:05 that there was no evidence of a physician visit since 1/9/10.	F 520			